

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 2152
Registered No. 152

1. PLACE OF BIRTH

County Yila State Arizona
Township Yila City Yila County Hospital
No. Yila County Hospital Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Joseph Vincent Bellamak
(If child is not yet named, make supplemental report, as directed)

a. Sex Male If plural births 4. Twin, triplet, or other 6. Premature 7. Legitimate? Yes 8. Date of birth June 19, 1929
5. Number, in order of birth Full term X (month, day, year)

9. Full name William Joseph Bellamak FATHER 10. Residence (usual place of abode) Miami
(If nonresident, give place and State) 11. Color or race Syrian 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) New London (State or country) Wisconsin 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothier

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work Life 17. Total time (years) spent in this work Life

18. Full maiden name Mary Mary MOTHER 19. Residence (usual place of abode) Miami
(If nonresident, give place and State) 20. Color or race Syrian 21. Age at last birthday 21 (Years)

22. Birthplace (city or place) Utica (State or country) N. York 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N.Y.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Miami on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
Given name added from supplemental report 122-69-428
(Date of)

(Signed) Charles E. Iron, M. D.
or Miami Midwife
Address Arizona
Filed September 18, 1935 Geoffrey Registrar